

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

27498

1. PLACE OF DEATH

County St. Louis St. Louis

Registration District No. 284

Township St. Ferdinand

Primary Registration District No. 6030

City Winlock Mo (No. 2)

Ward Garson Rd.

2. FULL NAME

(a) Residence, No. Margurite White

St. St. Louis Ward Garson Rd.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. mos. ds.

How long in U. S., if of foreign birth?

yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. abt 73

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Tennessee

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Harriet Buchanan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Idell Cross

(ADDRESS) #2 Carson Road

18. BURIAL, CREMATION, OR REMOVAL

PLACE Washington Park DATE Aug 16 1933

19. UNDERTAKER W. J. Wade

(ADDRESS) 4202 Finney Ave

20. FILED 9-6 1933 Emm J Harris Registrar

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/15/1933

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...

I last saw him alive on 19... Death is said

to have occurred on the date stated above, at 1:15 p.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis Ch. duration 9
Arteriosclerosis Ch. duration 9
9/2/33
7/1/33
7/1/33

Other contributory causes of importance:

Angina pectoris history 4 years
Arteriosclerosis Ch. duration 9
Extreme emphysema 23 years as 9/2/33

Name of operation... Date of...

What test confirmed diagnosis... Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? 2 Date of injury 19...

Where did injury occur? (Specify city or town, county, and State):

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury...

Nature of injury...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John B. Turner M.D.
(Address) 3718 Finney Ave
St. Louis, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933

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